

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
091650033
APPLICANT(S)

FILING DATE
8-28-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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OTAL ND.	4					
OTAL DEP.	5	↔			↔	↔
OTAL CLAIMS	7	↔	↔	↔	↔	↔

891650.033	APPLICANT(S)	8-28-00	
MS			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS	SEARCHED	INDEXED	SERIALIZED